

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2630AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/30/2010
NAME OF PROVIDER OR SUPPLIER GUARDIAN ANGEL GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 6259 DUNDEE PORT LAS VEGAS, NV 89110		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility on 9/3/10 through 9/30/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for five Residential Facility for Group beds for elderly and disabled person and/or persons with mental illnesses and/or persons with with chronic illnesses Category II residents . The census at the time of the survey was six. Six resident files were reviewed and three employee files were reviewed.</p> <p>Complaint #NV00026365 was substantiated with deficiencies. See Tags Y0087, Y0178, Y0621, Y0740, and Y0743</p>	Y 000		
Y 087 SS=I	<p>449.199(3) Limitation on Number of Residents</p> <p>NAC 449.199 3. A residential facility must not accept residents in excess of the number of residents specified on the license issued to the owner of the facility.</p>	Y 087		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 087	<p>Continued From page 1</p> <p>This Regulation is not met as evidenced by: Based on observation, record review and interview on 9/3/10, the facility was over census.</p> <p>Findings include:</p> <p>On 9/3/10 at 2:00 PM, six residents and one caregiver were observed at the facility.</p> <p>Record review revealed six current resident files were maintained by the facility.</p> <p>Resident #1 was diagnosed with multiple sclerosis and dementia and was admitted to the facility on 3/30/10. Resident #1 was paying a monthly fee of \$1000.00 for room, board, assistance with medications. Resident #1 was also receiving assistance transferring, bathing, meal preparation..</p> <p>Resident #2's admission record included an admission date of 8/6/10. Resident #2 was paying a monthly fee of \$1100.00 for room, board, assistance with medications and assistance with transferring, meals, bathing, and medications.</p> <p>Resident #3 was diagnosed with chronic obstructive pulmonary disease, anoxic encephalopathy, bipolar disorder, urine retention, hematuria, and bacteremia. Resident #3's admission record included an admission date of 8/20/10 and the resident was paying \$1400.00 per month for room, board, assistance with medications, bathing, transferring and meals. Resident #3 had an indwelling catheter and the facility did not have a waiver in the resident's file. Resident #3 also required assistance with emptying the catheter bag and with catheter care.</p> <p>Resident #4 was diagnosed with chronic</p>	Y 087			

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Y 087	Continued From page 2 obstructive pulmonary disease, stroke, and osteopenia. The resident was admitted to the facility on 5/8/08. Resident #4 was paying \$1100.00 per month for room, board, assistance with medications and assistance with meal preparation and bathing. Resident #5 was diagnosed with a left side cardiovascular accident, post fall, depression, gastrointestinal problems and anxiety. The resident was admitted on 7/8/10. Resident #5 was paying \$900.00 per month for room, board, assistance with medications and assistance with meals. Resident #6 was diagnosed with chronic obstructive pulmonary disease, stroke, hypertension, and uncomplicated diabetes mellitus. The resident was admitted on 8/18/10. Resident #6 was paying \$1300.00 per month for room, board, assistance with medications, meals, transferring and bathing. A review of the facility's current license indicated the home was licensed for five residents. The facility admitted resident #3 on 8/20/10 putting the facility over-census. On 9/3/10 at 2:00 PM, Employee #1 stated "we currently have six residents." Severity: 3 Scope: 3	Y 087			
Y 178 SS=F	449.209(5) Health and Sanitation-Maintain Int/Ext NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are	Y 178			

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Y 740	Continued From page 4 NAC 449.272 1. A person who requires the use of an indwelling catheter must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless: (a) The resident is physically and mentally capable of caring for all aspects of the condition, with or without the assistance of a caregiver. (b) Irrigation of the catheter is performed in accordance with the physician's orders by a medical professional who has been trained to provide that care. (c) The catheter is inserted and removed only in accordance with the orders of a physician by a medical professional who has been trained to insert and remove a catheter. This Regulation is not met as evidenced by: Based on observation, interview and record review on 9/3/10, the facility admitted and retained a resident who was not mentally capable of caring for all aspects of an indwelling catheter (Resident #3). Severity: 2 Scope: 2	Y 740			
Y 743 SS=F	449.272(2) Indwelling Catheters NAC 449.272 2. The caregivers employed by a residential facility with a resident who requires the use of an indwelling catheter shall ensure that:	Y 743			

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Y 743	<p>Continued From page 5</p> <p>(a) The bag and tubing of the catheter are changed by:</p> <p>(1) The resident, with or without the assistance of a caregiver.</p> <p>(2) A medical professional who has been trained to provide that care.</p> <p>(b) Waste from the use of the catheter is disposed of properly.</p> <p>(c) Privacy is afforded to the resident while care is being provided; and</p> <p>(d) The bag of the catheter is emptied by a caregiver who has received instruction in the handling of such waste and the signs and symptoms of urinary tract infections and dehydration.</p> <p> </p> <p>This Regulation is not met as evidenced by: Based on observation, interview, and record review on 9/3/10, the facility failed to ensure the caregivers for Resident #3 who had an indwelling catheter complied with NAC 449.272. Caregivers #1, #2, and #3 did not have training in recognizing the signs and symptoms of urinary tract infections or dehydration.</p> <p>Severity: 2 Scope: 3</p>	Y 743			

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